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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMI	BER: 094400001		CITY OR TO	WN OXFORD	
APPLICATION 1	FOR RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAM	ME: OXFORD POST #	5663 V.F.W. OF U.S	. INC.		
DOING BUSINE	ESS A				
ADDRESS 20 FF	EDERAL HILL ROAD				
CITY/TOWN: (OXFORD	STATE: MA	ZIP CODE	E: 01540	
	O'TOOLE,EDWAR TYI O M.	PE OF LICENSE: Vet	terans club	CATEGORY:	All Alcohol
EMAIL ADDRE	SS:				
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EN	MAIL ADDRESS		
DESCRIPTION (OF LICENSED PREMIS	SES:			
CONTAINS TW	EMENT BLOCK BLDG O BARS, FOUR RESTF M AND BANQUET HA	ROOMS, KITCHEN,			M,
I hereby certify a	nd swear under penalties	of perjury that:			
1. the rea	newed license will be of	the same type for the	same premises	now licensed;	
2. the lic	ensee has complied with	all laws of the Comm	nonwealth relati	ng to taxes; and	
3. the pro	emises are now open for	business (If not expla	ain below)		
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLO	OYER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: <u>NO</u>	T Individual Social S	Security Number)
Acts of 2004, sig	gned, attest that we are gned by the building ins nd (2) the certificate of	spector and the head	l of the fire dep	partment for the	above
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED					
(If disapproved e	xpiain)				
DATE:			-		



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LICENSE NUI	MBER: 094400002	Cl	TY OR TOWN OXFORI	D
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: NEP INC.			
DOING BUSIN	NESS A ROUTE 56 ROAL	OSIDE BAR & GRILL		
ADDRESS 24	LEICESTER ST.			
CITY/TOWN:	OXFORD	STATE: MA	ZIP CODE: 01537	
MANAGER:	NOEL, DAVID E. TYP	E OF LICENSE: Restau	category	Y: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EMAIL	ADDRESS	
DESCRIPTION	N OF LICENSED PREMIS	ES:		
NO. OXFORD HAS AREA. A	OCATED IN A ONE-STOR , CONSISTING OF A RM LSO HAS A KITCHEN AI ACK ENTRANCES/EXITS	WITH TWO BARS, A	N OTD OOR DECK AREA OR MEN AN D WOMEN;	A WHICH
I hereby certify	and swear under penalties	of perjury that:		
	renewed license will be of t		=	
	licensee has complied with		· ·	d
3. the 1	premises are now open for l	ousiness (If not explain	below)	
SIGNED BY	Individual, Partner	or Authorized Corporat	e Officer	
DATE				
DATE:	TELEPHONI	E NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Social	
			(1000. 1001 Individual Socia	ii Security (vuiliber)
Acts of 2004,	signed, attest that we are signed by the building ins e and (2) the certificate of	pector and the head of	the fire department for t	he above
Please Check Belo	<u>ow:</u>]	LOCAL LICENSING AUT	HORITY
APPROVED:]	Ву:	
DISAPPROVE				
(If disapproved	i expiaiii)			
DATE:				



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LICENSE NUMBER: 094400005	C	TTY OR TOWN OXFORD	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: MKT INVESTMENT DOING BUSINESS A HAPPY GARDEN	·		
	RESTAURANT		
ADDRESS 211 MAIN ST.	STATE: MA	7ID CODE 01540	
CITY/TOWN: OXFORD		ZIP CODE: 01540	
, <u> </u>	OF LICENSE: Restau	rrant CATEGORY: All Alcohol	
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBS DESCRIPTION OF LICENSED PREMISE		ADDRESS	
ONE STORY CEMENT BLOCK BLDG. C CONTAINING A DINING ROOM, KITCH FREEZER AND LOUNGE. BLDG. HAS C EXITS.	HEN, RESTROOMS,	STORAGE ROOMS, COOLER-	
I hereby certify and swear under penalties o	f perjury that:		
1. the renewed license will be of the			
2. the licensee has complied with a3. the premises are now open for but		_	
3. the premises are now open for or	asmess (11 not explain	below)	
SIGNED BY			
Individual, Partner of	r Authorized Corporat	e Officer	
DATE: TELEPHONE			
TELEPHONE	NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)	
		•	
We the undersigned, attest that we are in Acts of 2004, signed by the building inspnamed license and (2) the certificate of li of 2010.	ector and the head of	the fire department for the above	
Acts of 2004, signed by the building insp- named license and (2) the certificate of li of 2010. Please Check Below:	ector and the head of quor liability insurar	the fire department for the above	
Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010. Please Check Below: APPROVED:	ector and the head of quor liability insurar	the fire department for the above nce required by Chapter 116 of the Acts	
Acts of 2004, signed by the building insp- named license and (2) the certificate of li of 2010. Please Check Below: APPROVED: DISAPPROVED:	ector and the head of quor liability insurar	the fire department for the above nce required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY	
Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010. Please Check Below: APPROVED:	ector and the head of quor liability insurar	the fire department for the above nce required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY	
Acts of 2004, signed by the building insp- named license and (2) the certificate of li of 2010. Please Check Below: APPROVED: DISAPPROVED:	ector and the head of quor liability insurar	the fire department for the above nce required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY	



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LICENSE NUMBER: 094400	006	CITY OR TOWN	OXFORD
APPLICATION FOR RENEV	VAL: Annua	al LICENS	SED FOR 2013
	CLAS	SS	YEAR
LICENSEE NAME: VETER DOING BUSINESS A AME	•	58	
ADDRESS 227 MAIN ST.			
CITY/TOWN: OXFORD	STATE:	MA ZIP CODE:	01540
MANAGER: BRUNELL, P	AUL TYPE OF LICENS	SE:Club CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALS	O VISIT OUR WEBSITE AND ENTER	YOUR EMAIL ADDRESS	
DESCRIPTION OF LICENSI TWO STORY WOODEN BL UPPER FLOOR CONSISTS OF A BAR, MEETING ROOM A	DG WITH ADJACENT TO MEETING AND BAN		
I hereby certify and swear und	er penalties of perjury tha	t:	
2. the licensee has co	**	for the same premises now c Commonwealth relating to tot explain below)	
SIGNED BY Individ	ual, Partner or Authorized	. Corporate Officer	
DATE: T	ELEPHONE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
We the undersigned, attest the Acts of 2004, signed by the named license and (2) the coof 2010.	building inspector and th	e head of the fire departr	ment for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	SING AUTHORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	094400007		CITY OR TO	OWN OXFORD	
APPLICATION FOR	RENEWAL:	Annual	L	ICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	DAYS END TAVE	RN INC.			
DOING BUSINESS A	DAYS END TAVE	ERN			
ADDRESS 287 MAIN	NST.				
CITY/TOWN: OXFO	ORD	STATE: MA	ZIP COI	DE: 01540	
MANAGER: HERSO RICHA	OM, TYPI ARD S.	E OF LICENSE: Res	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF L					
TWO STORY WOOD OXFORD, MA, CON' SECOND FLOORS. (TAINING TWO RO	OMS WITH BAR A			
I hereby certify and sw	vear under penalties o	of perjury that:			
1. the renewed	d license will be of th	e same type for the	same premise	s now licensed;	
	e has complied with a			ating to taxes; and	
3. the premise	es are now open for b	usiness (If not expla	in below)		
SIGNED BY	Individual, Partner of	or Authorized Corpo	rate Officer		
	,	·			
DATE:	TELEPHONE	NUMBER:	EMP	LOYER IDENTIFICAT	TION NUMBER:
			(Note: <u>N</u>	OT Individual Social S	Security Number)
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building insp	ector and the head	of the fire d	epartment for the	e above
Please Check Below:			LOCAL LI	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	ii <i>)</i>				
			-		
DATE:					



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LICENSE NUI	MBER: 094400009		CITY OR TOWN	OXFORD
APPLICATIO	N FOR RENEWAL:	Annual	LICENS	ED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: Cranska, Inc			
DOING BUSIN	NESS A OXFORD TA	VERN		
ADDRESS 314	4 MAIN ST.			
CITY/TOWN:	OXFORD	STATE: MA	ZIP CODE:	01540
MANAGER:	Gallant, Susan	TYPE OF LICENSE: Gen prer		TEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
	N OF LICENSED PREI			
CONTAINING		O ON THE EASTERLY : HE FIRST FLOOR, RES' STORAGE.		
I hereby certify	and swear under penal	ties of perjury that:		
1. the	renewed license will be	of the same type for the	same premises now l	icensed;
2. the	licensee has complied v	vith all laws of the Comm	onwealth relating to	taxes; and
3. the	premises are now open	for business (If not expla	in below)	
SIGNED BY	Individual, Part	ner or Authorized Corpor	rate Officer	
DATE:	TELEPH	ONE NUMBER:	EMPLOYER 1	IDENTIFICATION NUMBER:
			(Note: NOT Indiv	vidual Social Security Number)
Acts of 2004,	signed by the building	are in possession (1) the inspector and the head e of liquor liability insur	of the fire departm	
Please Check Belo	ow:		LOCAL LICENSI	NG AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	l explain)			
DATE:				
DAIL.				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 094400010	(CITY OR TOWN OXFORD
APPLICATION FOR RENEWAL	: Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: PINE RIDG	E COUNTRY CLUB, LLC	
DOING BUSINESS A PINE RID	GE COUNTRY CLUB	
ADDRESS 28 PLEASANT ST.		
CITY/TOWN: OXFORD	STATE: MA	ZIP CODE: 01537
MANAGER: DUQUETTE,KEN ETH M.	N TYPE OF LICENSE: Resta	nurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR EMA	IL ADDRESS
DESCRIPTION OF LICENSED P	REMISES:	
BLDG OF CEMENT AND FRAM ADJOINING PATIO. CELLAR C SERVED ON BOTH FLOORS		
I hereby certify and swear under pe	enalties of perjury that:	
	l be of the same type for the sa	-
•		onwealth relating to taxes; and
3. the premises are now of	pen for business (If not explain	n below)
SIGNED BY Individual, 1	Partner or Authorized Corpora	ate Officer
,	·	
DATE: TELE	PHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
TEBE	THORETTONIBLIA	(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the build	ling inspector and the head o	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		
DATE:		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 094400011		CITY OR TOWN	OXFORD
APPLICATION F	OR RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NAM	E: PERIWINKLE'S PU	JB & RESTAU	RANT INC.	
DOING BUSINES	SS A J. ANTHONY'S IT	CALIAN GRILI	_	
ADDRESS RTE.	20 & 12			
CITY/TOWN: O	XFORD	STATE: N	ZIP CODE:	01537
MANAGER: VI L	ILLATICO, GINA TYPI	E OF LICENSE	:Restaurant C	ATEGORY: All Alcohol
EMAIL ADDRES	S:			
	PLEASE ALSO VISIT OUR WEE	BSITE AND ENTER YO	UR EMAIL ADDRESS	
DESCRIPTION O	OF LICENSED PREMISI	ES:		
	OODEN BLG. RESTAUL ON OF A PATIO OF 33'			
I hereby certify and	d swear under penalties of	of perjury that:		
	ewed license will be of the	• •	•	
	ensee has complied with a		•	to taxes; and
3. the pres	mises are now open for b	ousiness (If not e	explain below)	
SIGNED BY	In P. 14 of Death and	A. 41	OCC	
	Individual, Partner of	or Authorizea C	orporate Officer	
DATE:				
DATE.	TELEPHONE	E NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
			`	
Acts of 2004, sign	ned by the building insp	pector and the	head of the fire depart	red by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved ex	piain)			
DATE:				
D. 1. T. V.				
DAIL.				



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LICENSE NUMBER: 094400	014	CITY OR TOWN OXFORI)
APPLICATION FOR RENEW	VAL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: CAPRIC	CORN CORP.		
DOING BUSINESS A WHIS	TLE STOP BAR & GRILL		
ADDRESS 85 MAIN STREE	Γ		
CITY/TOWN: OXFORD	STATE: MA	ZIP CODE: 01540	
MANAGER: BETLEY, TIN MAZZA	TYPE OF LICENSE: Ro	estaurant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	O VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSE			
		E LARGE RM., KITCHEN, BA FRONT AND REAR ENTRAN	
I hereby certify and swear und	er penalties of perjury that:		
1. the renewed license	will be of the same type for th	e same premises now licensed;	
2. the licensee has con	nplied with all laws of the Con	nmonwealth relating to taxes; and	d
3. the premises are no	w open for business (If not exp	plain below)	
SIGNED BY			
Individ	ual, Partner or Authorized Corp	oorate Officer	
DATE: T	ELEPHONE NUMBER:	EMPLOYER IDENTIFIC	
		(Note: <u>NOT</u> Individual Socia	l Security Number)
Acts of 2004, signed by the b	ouilding inspector and the hea	he certificate required by Chap ad of the fire department for the surance required by Chapter 1	ne above
Please Check Below:		LOCAL LICENSING AUT	HORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
			
DATE:		-	



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LICENSE NUMBER: 0944000	15	CITY OR TOWN OAFORD
APPLICATION FOR RENEW	AL: Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: OXCO,	INC.	
DOING BUSINESS A CENT	ERFOLDS 2000	
ADDRESS SOUTHBRIDGE I	RD.	
CITY/TOWN: OXFORD	STATE: MA	ZIP CODE: 01537
MANAGER: KHALEDI, FARHAD	TYPE OF LICENSE: Res	taurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR EM	MAIL ADDRESS
DESCRIPTION OF LICENSE	D PREMISES:	
OFFICES, UTILITY ROOM, S 2 STAINWALLS & ONE EMI		
I hereby certify and swear under	r penalties of perjury that:	
1. the renewed license	will be of the same type for the	same premises now licensed;
2. the licensee has con	nplied with all laws of the Comm	nonwealth relating to taxes; and
3. the premises are now	w open for business (If not expla	in below)
SIGNED BY Individu	al, Partner or Authorized Corpo	rate Officer
DATE:	ELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the b	uilding inspector and the head	e certificate required by Chapter 304 of the l of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED:		LOCAL LICENSING AUTHORITY By:
(If disapproved explain)		
DATE:		



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LICENSE NU	MBEK: 094400017		C	IY OK TOWN	UAFURD	
APPLICATIO	N FOR RENEWAL	: Annua	ા	LICE	NSED FOR 20	013
		CLAS	S			YEAR
LICENSEE N DOING BUSI		RY ROD & GUN CL	UB,INC.			
ADDRESS 30	00 SUTTON AVENU	JE				
CITY/TOWN	: OXFORD	STATE:	MA	ZIP CODE:	01540	
MANAGER:	SCHROEDER, STEVEN C.	TYPE OF LICENS	SE:Club	C	CATEGORY:	All Alcohol
EMAIL ADDI	RESS:					
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER	YOUR EMAII	ADDRESS		
DESCRIPTIO	N OF LICENSED P	REMISES:				
BANQUETS, CONSISTS O	MEETINGS AND (R CONSISTS OF MADCCASIONAL DANG CILITIES AND KITO ROOM	CES. THE	E REMAINDER	OF THE RO	OM
I hereby certify	y and swear under pe	enalties of perjury that	:			
1. the	renewed license wil	l be of the same type f	or the sar	ne premises nov	v licensed;	
2. the	licensee has complie	ed with all laws of the	Common	wealth relating	to taxes; and	
3. the	premises are now of	en for business (If no	t explain	below)		
SIGNED BY		Partner or Authorized	Corporat	e Officer		
DATE:	mer e			EMDI OVE	D IDENTIFICAT	TION NUMBER:
DITIE.	IELE	PHONE NUMBER:				Security Number)
Acts of 2004,	signed by the build	we are in possession ling inspector and th cate of liquor liabilit	e head of	the fire depar	tment for the	above
Please Check Bel	ow:]	LOCAL LICEN	SING AUTH	ORITY
APPROVED:				Ву:		
DISAPPROV						
(If disapprove	d explain)					
DATE:						
DAIE.						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 094	1400019		Cľ	TY OR TOWN	OXFORD	
APPLICATION FOR RE	NEWAL:	Annual	I	LICE	NSED FOR 20	013
		CLASS	S			YEAR
LICENSEE NAME: SCO DOING BUSINESS A O						
ADDRESS 331 MAIN ST	Γ					
CITY/TOWN: OXFORI		STATE:	MA	ZIP CODE:	01540	
MANAGER:	TYPE O	F LICENSI	E:Packag	e Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEAS	E ALSO VISIT OUR WEBSITI	E AND ENTER Y	OUR EMAIL	ADDRESS		_
DESCRIPTION OF LICE	ENSED PREMISES:					
ONE ROOM WITH STO STORAGE. ENTRANCE				ODEN BLDG	. CELLAR US	SED FOR
I hereby certify and swear	under penalties of p	erjury that:				
1. the renewed lic	cense will be of the s	ame type fo	or the sam	ne premises no	w licensed;	
2. the licensee ha	s complied with all l	aws of the (Common	wealth relating	to taxes; and	
3. the premises a	re now open for busi	ness (If not	explain b	pelow)		
SIGNED BY						
Ind	lividual, Partner or A	outhorized (Corporate	Officer		
DATE:				EMPLOWI	ED IDENTIFICATI	
DATE.	TELEPHONE N	UMBER:			ER IDENTIFICAT ndividual Social S	
				·		
Please Check Below:			T	OCAL LICEN	ICINIC ALITH	ODITY
APPROVED:				By:	ISING AUTH	OKITI
DISAPPROVED:			L	, y .		
(If disapproved explain)			-			
			_			
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 094400023		CITY OR TOWN	OXFORD	
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
	CLASS			YEAR
LICENSEE NAME: ENT, INC				
DOING BUSINESS A OXFORD SHELL				
ADDRESS 138 SOUTHBRIDGE ST				
CITY/TOWN: OXFORD	STATE: MA	ZIP CODE:	01537	
MANAGER: EL-NEMR, TONY TYPE O	OF LICENSE: Pac	kage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREMISES SINGLE STORY STEEL STRUCTURE HO I hereby certify and swear under penalties of p 1. the renewed license will be of the 2. the licensee has complied with all 3. the premises are now open for bus	USING A CONV perjury that: same type for the laws of the Comm	same premises now nonwealth relating to	licensed;	ON
SIGNED BY Individual, Partner or A	Authorized Corpo	rate Officer		
DATE: TELEPHONE N	UMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 094400024		CITY OR TOWN	OXFORD
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: LOWN & ISUFI, INC.			
DOING BUSINESS A HOMETOWN WINE &	& LIQUORS		
ADDRESS 2 FAIRLAWN AVE			
CITY/TOWN: OXFORD S'	TATE: MA	ZIP CODE:	01540
MANAGER: LOWN, JEFFREY L TYPE OF	LICENSE: Pac	ekage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSITE A	AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES:			
CORNER OF MAIN ST AND FAIRLAWN AVREAR OF BLDG. FOURTEEN FEET OF SPA			
CELLAR USED FOR STORAGE			
I hereby certify and swear under penalties of pe			
1. the renewed license will be of the sa	• •	•	
2. the licensee has complied with all la		•	taxes; and
3. the premises are now open for busing	ess (If not expla	ain below)	
GYGYED DY			
SIGNED BY Individual, Partner or Au	ıthorized Corpo	orate Officer	
DATE: TELEPHONE NU	MBER:	EMPLOYER	IDENTIFICATION NUMBER:
		(Note: NOT Ind	ividual Social Security Number)
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED:		-	
(If disapproved explain)			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 094400030		CITY OR TOWN	OXFORD	
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	RANDAL CO	ONVENIENCE, INC.			
DOING BUSINESS	A SOUTHSIE	DE CONVENIENCE STO	RE		
ADDRESS 182 MA	IN STREET				
CITY/TOWN: OX	FORD	STATE: MA	ZIP CODE:	01540	
MANAGER: PAT PRA	EL, VINLAL B.	TYPE OF LICENSE: Pa	ckage Store Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PR	REMISES:			
ONE STORY WOO EMPLOYEE REST		NG CONTAINING A RET	AIL AREA, S TOR.	AGE ROOM	AND
	ses are now ope	d with all laws of the Comen for business (If not expl	ain below)	taxes; and	
	Individual, P	artner or Authorized Corp	orate Officer		
DATE:	TELEF	PHONE NUMBER:			TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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LICENSE NUMBER: 09440003	02	TIY OR TOWN OAFORD	
APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: MAKRO	ENTERPRISES, INC		
DOING BUSINESS A NEW E	NGLAND PIZZA		
ADDRESS 313 MAIN ST			
CITY/TOWN: OXFORD	STATE: MA	ZIP CODE: 01540	
MANAGER: MAKRODIMIT, ANASTASIOS	RAS TYPE OF LICENSE: Resta	category:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR EMA	IL ADDRESS	_
DESCRIPTION OF LICENSEE	PREMISES:		
A UNIT IN A STRIP MALL (B APPROX 40X20; DIVIDED BI KICHEN AREAS. MAX SEAT ACCESS TO EMERGENCY E	ETWEEN THE DINING AREA ING; 48 PER INSPECTOR. AR	& THE FOOD STORAGE/PR EA IN THE REAR OF UNIT	EP/
I hereby certify and swear under	penalties of perjury that:		
1. the renewed license	will be of the same type for the sa	ame premises now licensed;	
2. the licensee has com	plied with all laws of the Commo	onwealth relating to taxes; and	
3. the premises are now	open for business (If not explain	n below)	
SIGNED BY Individua	al, Partner or Authorized Corpora	ate Officer	
DATE: TE	LEPHONE NUMBER:	EMPLOYER IDENTIFICAT	TION NUMBER:
		(Note: NOT Individual Social S	Security Number)
Acts of 2004, signed by the bu	at we are in possession (1) the cilding inspector and the head cificate of liquor liability insura	of the fire department for the	above
Please Check Below: APPROVED: DISAPPROVED:		LOCAL LICENSING AUTHORS:	ORITY
(If disapproved explain)		-	
DATE:			



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LICENSE NUMBER	:094400033		CITY OR TOWN	OXFORD	
APPLICATION FOR	RENEWAL:	Annual	LICENS	ED FOR 20	013
		CLASS		,	YEAR
	JOE'S DINER INC. A OXFORDS CASU	AL DINING			
ADDRESS 2 MILLB	URY BOULEVARD				
CITY/TOWN: OXF	ORD	STATE: MA	ZIP CODE:	01540	
MANAGER: DAD	AH, KRISTIN TYPI	E OF LICENSE: Res	taurant CA'	TEGORY:	All Alcohol
EMAIL ADDRESS:					
L	PLEASE ALSO VISIT OUR WEE	3SITE AND ENTER YOUR EM	IAIL ADDRESS		J
DESCRIPTION OF I	LICENSED PREMISI	ES:			
	O STRUCTURE IN M EA, RESTROOMS, N				ICE
I haraby cartify and a	wear under penalties o	of pariury that:			
• •	ed license will be of the		sama pramisas now li	icensed:	
	ee has complied with a	• 1	•		
	ses are now open for b		•	taxes, and	
3. the prenns	es are now open for o	rusiness (II not expit	un ociow)		
CICNED DV					
SIGNED BY	Individual, Partner of	or Authorized Corpo	rate Officer		
DATE:	TELEPHONE	E NUMBER:	EMPLOYER I	DENTIFICAT	ION NUMBER:
			(Note: NOT Indiv	idual Social Se	ecurity Number)
Acts of 2004, signed	l, attest that we are i by the building insp 2) the certificate of l	pector and the head	of the fire departm	ent for the	above
Please Check Below:			LOCAL LICENSII	NG AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	in)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 094400036		CITY OR TOWN	OXFORD	
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 732 MA	A	NGUYEN			
CITY/TOWN: OXI	FORD	STATE: MA	ZIP CODE:	01540	
MANAGER: NGU LAM	YEN, KIEU I	TYPE OF LICENSE:Pa	ackage Store C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF					
		LL CONSISTING OF ON ORTH OXFORD. BEER			E DOOR
I hereby certify and s	swear under per	alties of perjury that:			
2. the licens	ee has complied	be of the same type for the d with all laws of the Comen for business (If not exp	nmonwealth relating t		
SIGNED BY	Individual, Pa	artner or Authorized Corp	oorate Officer		
DATE:	TELEP	HONE NUMBER:	EMPLOYEF (Note: <u>NOT</u> Inc		TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 094400037		CITY OR TOWN	OXFORD	
APPLICATION FO	R RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	HONEY FARMS IN	3.			
DOING BUSINESS	A				
ADDRESS 24 SUT	ΓON AVE.				
CITY/TOWN: OX	FORD	STATE: MA	ZIP CODE:	01540	
MANAGER: SMI'	ΓH, JENNIFER TYPE	OF LICENSE: Pa	ckage Store C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR I	EMAIL ADDRESS		_
	LICENSED PREMISE				
FRONT AND AN A	DING (4000 SQ. FT.) DDITONAL EXIT IN R WALL AND A 4-DO	THE REAR. THE			
I hereby certify and	swear under penalties of	f perjury that:			
1. the renew	red license will be of the	e same type for the	e same premises now	licensed;	
2. the licens	ee has complied with al	l laws of the Com	monwealth relating	to taxes; and	
3. the premi	ses are now open for bu	isiness (If not exp	lain below)		
SIGNED BY	Individual, Partner or	· Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYE	R IDENTIFICAT	TION NUMBER:
			(Note: NOT In	dividual Social S	Security Number)
Please Check Below:			LOCAL LICEN	SING AUTHO	∩RITV
APPROVED:			By:		
DISAPPROVED:			•		
(If disapproved explain	ain)				
DATE:					
DATE.					



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LICENSE NUM	IBER: 094400038	'	CITY OR TOWN	VOAFORD	
APPLICATION	FOR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NA	ME: DAIRY EXE	PRESS INC.			
DOING BUSIN	ESS A DAIRY EX	PRESS			
ADDRESS 2 SU	JTTON AVENUE				
CITY/TOWN:	OXFORD	STATE: MA	ZIP CODE:	01540	
MANAGER:]	BARAKLILIS, IOANNIS	TYPE OF LICENSE: Rest	aurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRE	ESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS		_
DESCRIPTION	OF LICENSED PI	REMISES:			
AVE. & MAIN THE BUSINES	STREET (RT. 12), S PORTION OF TI	TORY BUILDING LOCAT WITH THE MAIN ENTRA HE BUILDING, WHICH IS CONTAINING BOOTHS,	NCES LOCATE LOCATED ON	D OFF SUTT THE FIRST F	ON AVE.
I hereby certify a	and swear under pe	nalties of perjury that:			
1. the re	enewed license will	be of the same type for the s	ame premises no	w licensed;	
2. the li	censee has complie	d with all laws of the Commo	onwealth relating	to taxes; and	
3. the p	remises are now op	en for business (If not explai	n below)		
SIGNED BY	Individual, F	artner or Authorized Corpor	ate Officer		
DATE:	TELE	PHONE NUMBER:		ER IDENTIFICAT	
			(Note: NOT 1	ndividual Social S	ecurity Number)
Acts of 2004, si	igned by the build	we are in possession (1) the ing inspector and the head atte of liquor liability insur-	of the fire depar	rtment for the	above
Please Check Below APPROVED: [DISAPPROVEI (If disapproved of	D:		LOCAL LICEN By:	NSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 094400039		CITY OR TOWN	OXFORD	
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS		,	YEAR
LICENSEE NAME: AQSA FOOD,INC. DOING BUSINESS A ADDRESS 233 MAIN ST				
CITY/TOWN: OXFORD	STATE: MA	ZIP CODE:	01540	
MANAGER: AYUB,SYED A. TYPE	E OF LICENSE:Pac	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREMISE 1800 SQ. FT. CONVENIENCE STORE W I hereby certify and swear under penalties of 1. the renewed license will be of th 2. the licensee has complied with a 3. the premises are now open for b	ES: VITH ONE FREE ST of perjury that: he same type for the hall laws of the Comm	TANDING REFRIG same premises now nonwealth relating to	licensed;	JNIT
SIGNED BY Individual, Partner o	or Authorized Corpo	rate Officer		
DATE: TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	94400041		CITY OR TOWN	OXFORD	
APPLICATION FOR R	ENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: R	AJESH PATEL				
DOING BUSINESS A	SUN BEER & WI	NE			
ADDRESS 161 SOUTI	HBRIDGE ROAD				
CITY/TOWN: OXFO	RD	STATE: MA	ZIP CODE:	01540	
MANAGER: PATEL	, RAJESH TYP	E OF LICENSE: Pac	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	AIL ADDRESS		1
DESCRIPTION OF LIC	CENSED PREMIS	ES:			
A STRIP MALL WITH BATHROOM.	ONE FRONT EN	TRANCE,ONE BAC	CK DOOR AND A	HANDICAP:	PED
3. the premises SIGNED BY	are now open for b	all laws of the Commousiness (If not expla	in below)	o taxes; and	
1	ndividual, Partner	or Authorized Corpor	rate Officer		
DATE:	TELEPHONE	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Please Check Below: APPROVED:			LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVED:			By:		
(If disapproved explain))				
DATE					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 094400042	(CITY OR TOWN	OXFORD	
APPLICATIO	N FOR RENEWAL:	Annual	LICENS	SED FOR 20	013
		CLASS			YEAR
LICENSEE NA	AME: ASHLEY M. PLAS	SSE			
DOING BUSI	NESS A RT.12 VARIETY	r			
ADDRESS 12	6 MAIN STREET				
CITY/TOWN:	OXFORD	STATE: MA	ZIP CODE:	01540	
MANAGER:	PLASSE, ASHLEY TYPE MARIE	PE OF LICENSE: Pack	age Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EMA	AIL ADDRESS		1
DESCRIPTION	N OF LICENSED PREMIS	SES:			
	NG IS ABOUT 20 FT. LAF RANCE AND 10 X 10 STO			HEBREAR.	ONE
	licensee has complied with premises are now open for		_	taxes; and	
SIGNED BY	Individual, Partner	or Authorized Corpor	ate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Indi		ION NUMBER: ecurity Number)
Please Check Belo APPROVED:	<u>ow:</u>		LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVED.	ED.		By:		
(If disapproved					
DATE:					
DATE.					



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		CITY OR TOWN		
APPLICATION FOR RENEWAL:	Annual	LICEN	NSED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: THE ORIGINAL CL	AM BOX OF AUB	URN INC.		
DOING BUSINESS A THE CLAM BOX				
ADDRESS 916 SOUTHBRIDGE STREET				
CITY/TOWN: OXFORD	STATE: MA	ZIP CODE:	01540	
MANAGER: SAAD, DANIEL E. TYPE	E OF LICENSE: Res	taurant C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EM	AIL ADDRESS		I
DESCRIPTION OF LICENSED PREMISE	ES:			
SINGLE STORY CINDER BLOCK STRU LOCATED ON A 2ND FLOOR); NO BAS SOUTHWEST CORNER OF BUILDING; BUILDING' PUBLIC AREA1040 SQ FT;	SEMENTENTRAN EXIT ONLY LOCA	CE/EXIT IS LOC ATED ON EASTE	CATED IN CRN SIDE OF	EA
I hereby certify and swear under penalties o	of perjury that:			
1. the renewed license will be of th	e same type for the	same premises nov	v licensed;	
2. the licensee has complied with a		•	to taxes; and	
3. the premises are now open for be	usiness (If not expla	in below)		
3. the premises are now open for by SIGNED BY Individual, Partner o				
SIGNED BY Individual, Partner o		rate Officer		
SIGNED BY	or Authorized Corpo	rate Officer EMPLOYE	R IDENTIFICAT	
SIGNED BY Individual, Partner o	or Authorized Corpo	rate Officer EMPLOYE	R IDENTIFICAT dividual Social So	
SIGNED BY Individual, Partner o	or Authorized Corpo NUMBER: n possession (1) the sector and the head	EMPLOYE (Note: NOT In	dividual Social	er 304 of the above
SIGNED BY Individual, Partner of the state	or Authorized Corpo NUMBER: n possession (1) the sector and the head	EMPLOYE (Note: NOT In	red by Chapte tment for the Chapter 116	er 304 of the above of the Acts
SIGNED BY Individual, Partner of TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building inspinamed license and (2) the certificate of lit of 2010. Please Check Below: APPROVED:	or Authorized Corpo NUMBER: n possession (1) the sector and the head	EMPLOYE (Note: NOT In certificate required by	red by Chapte tment for the Chapter 116	er 304 of the above of the Acts
SIGNED BY Individual, Partner of TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building inspinamed license and (2) the certificate of lit of 2010. Please Check Below: APPROVED: DISAPPROVED:	or Authorized Corpo NUMBER: n possession (1) the sector and the head	EMPLOYE (Note: NOT In certificate required the fire department of th	red by Chapte tment for the Chapter 116	er 304 of the above of the Acts
SIGNED BY Individual, Partner of TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building inspinamed license and (2) the certificate of lit of 2010. Please Check Below: APPROVED:	or Authorized Corpo NUMBER: n possession (1) the sector and the head	EMPLOYE (Note: NOT In certificate required the fire department of th	red by Chapte tment for the Chapter 116	er 304 of the above of the Acts
SIGNED BY Individual, Partner of TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building inspinamed license and (2) the certificate of lit of 2010. Please Check Below: APPROVED: DISAPPROVED:	or Authorized Corpo NUMBER: n possession (1) the sector and the head	EMPLOYE (Note: NOT In certificate required the fire department of th	red by Chapte tment for the Chapter 116	er 304 of the above of the Acts